

Report of Program and Institutional Accreditation Recommendations

Professional Services Division

October 18, 2006

Overview

This report consists of recommendations made about the initial accreditation of professional preparation programs based upon institutional responses to program standards.

(Note: It is possible that there will be additional recommendations brought to the COA in an in-folder item, since staff and review panel members are continuing their work on program proposals.)

Staff Recommendation - Panel Review

That the Committee on Accreditation grant initial accreditation to the following preparation program(s), as recommended by the appropriate reviewers.

Each institution/district identified below has responded fully and appropriately to the adopted standards and preconditions by preparing a program proposal that describes how each standard and precondition is met and that includes appropriate supporting evidence. The appropriate reviewers following the procedures adopted by the Committee on Accreditation have read each program proposal. Each program has been judged to meet all standards and preconditions and is recommended for initial accreditation.

Program(s) of Professional Preparation for the Administrative Services Credential

Madera County Office of Education
Preliminary Credential

California State University, Los Angeles
Preliminary Credential
Preliminary Internship
Professional Credential

Concordia University
Preliminary Credential

Mills College
Preliminary Credential
Preliminary Internship

Accreditation Cycle Activities

The following section describes the various activities within the accreditation cycle in general terms. Specific procedures and requirements about all aspects of the accreditation cycle are set forth in the *Accreditation Handbook*.

1. Annual Data Collection by the Institution/Program Sponsor

Each approved credential and certificate program offered by an institution or program sponsor will collect data related to candidate competence and program effectiveness on an annual basis. It is an expectation that all CTC accredited institutions or program sponsors will use this data to inform programmatic decision-making.

2. Program Reports (Biennial Data Report) 1st, 3rd, and 5th years of cycle

The accreditation system requires that the institution provide evidence, through submission of the biennial data reports that it is collecting, analyzing, and using data for programmatic decision making. The biennial reports process will include the submission of biennial reports, a brief statement of analysis and an action plan based on the analysis, and an institutional summary identifying trends across the programs or critical issues. These biennial reports will be reviewed, may result in further questions or review, and will be part of the documentation made available to the program and site visit reviewers.

- a. **Biennial Report.** Each approved educator preparation program must annually collect data and submit biennial reports. The data collection and submission must be related to the Commission standards. The specific requirements of these reports are defined in the *Accreditation Handbook*.
- b. **Institutional Summary.** All program reports from the institution are submitted together with an institutional summary. The institutional summary identifies trends across the programs or critical issues for the program sponsor.

- c. **Review of Information.** The Committee on Accreditation and the Commission staff review the biennial reports. The Commission staff evaluates the Biennial Data Reports for completeness and sufficiency. If the report is not submitted, is incomplete or is inadequate, Commission staff will contact the institution/program. If the report has been submitted but the data do not demonstrate measures of candidate competence or have deficiencies, the Committee on Accreditation and Commission staff will request additional information from the institution/program. Data review procedures are set forth in the *Accreditation Handbook*.
- d. **Action by Committee on Accreditation.** Based on review of the biennial report, the Committee on Accreditation may request additional information or schedule a site visit prior to the scheduled time period for a site visit to the institution/program.

3. **Program Document Review (4th year of cycle)**

- a. **Updated Program Document.** Each program that is offered by an institution/program sponsor must submit an updated version of its approved program document. The update will detail all modifications in the program since its approval. *The document should concisely and accurately describe and reflect programs changes that have been instituted since the last review.* Reviewers will determine whether the standards for each program area have been met. The preliminary findings of the reviewers will influence the size, scope, and nature of the 6th year site visit. If reviewers find no issues or concerns through program review, it may be determined that it is unnecessary to review the program in detail at the site visit. If reviewers identify issues that warrant further review or if questions remain unanswered at the conclusion of the program document review, the 6th year site visit may include a review of such programs

Specific documentation required in the updated document is set forth in the *Accreditation Handbook*.

- b. **Data considered during the program review.** The Biennial Reports from the current accreditation cycle are included in the program review process. In addition, the selected candidate assessments, rubrics, **surveys**, and scoring procedures that generated the data gathered over the current year and previous three years must be submitted with the updated document.
- c. **Review of Information.** The program reviewers review all information submitted in the program document and Biennial reports for the program. The program reviewers may raise questions or request additional information from the program sponsor. The program reviewers consider all information and come to “preliminary findings” for all program standards as well as recommendations and questions for the site visit. Program Standard findings are ‘Standard Met’, ‘Met with Concerns’, ‘Met Minimally’, and ‘Not Met’. Document review procedures are set forth in the *Accreditation Handbook*.
- d. **Program Review Informs Site Visit Structure.** The report from the program reviewers is forwarded to the Committee on Accreditation. The program reviewers submit any additional questions or areas of concern to the Committee on Accreditation and the Committee on Accreditation will ensure that the site review team investigates the issue(s). The Committee on Accreditation reviews the program reports, preliminary findings, and questions/areas of concern to assist in determining the size and composition of the site review team.

4. Institutional Site Visit (6th year of cycle)

An accreditation team visits each institution or program sponsor in the sixth year of the accreditation cycle. Prior to the visit, the institution submits a self-study document that responds to the Common Standards. The institution prepares for a site visit that focuses mainly on the Common Standards, but may include any program areas identified in advance by the COA as a result of the program review process. The biennial reports and the report from the program reviewers will be made available to

the site review team. The site visit will result in an accreditation recommendation for consideration and action by COA.

- a. **Initial Institutional Site Visit Report.** No less than twelve months before the scheduled site visit, institutional officials submit an initial institutional site visit report to the Commission. This brief report describes the institutional mission and includes information about institutional demographics, special emphasis programs, and other unique features of the institution. The institution includes its response to accreditation preconditions established by state laws and the Commission.
- b. **Program Document Review.** No less than twelve months before the scheduled site visit, the program document reviewers will submit the preliminary findings on program standards and any additional questions or areas of concern to the Committee on Accreditation. The program reviewers make a recommendation to Committee on Accreditation whether the issue(s) needs to be further reviewed at the site visit.
- c. **Determination by the Committee on Accreditation**

The Committee on Accreditation uses the Initial Institutional Site Visit Report, along with the preliminary findings from the Program Document Review, to determine the type, size and complexity of the programs to be reviewed and the structure, size and expertise of the site review team to be selected. All institutions will be subject to a Common Standards review, and the Committee on Accreditation will make case by case determinations, based on the findings of the Program Document Review, as to which programs will be subject to a focused visit at an institution.

- d. **Institutional Self Study.** No fewer than 30-60 days before the site visit, the institution submits its Institutional Self-Study Report that focuses on the Common Standards to the team leader and the Commission staff consultant, who ensures that each accreditation site team member receives a copy of

the report. In responding to each applicable standard, the self-study report should emphasize quality considerations, educational rationales, and thoughtful program analyses.

At the Institution

1. **Collection of Information.** The accreditation site visit team, composed of 3 to 7 members, focuses its review primarily on the Common Standards and on any programs, using the appropriate adopted program standards, designated by the Committee on Accreditation that requires additional review at the site visit. In addition, the site visit team is responsible for reviewing evidence that will substantiate and confirm or contradict the preliminary findings of the program document review team.

The site visit team gathers information about the quality of the education unit and credential programs at the institution from a variety of sources and representing the full range of stakeholders, including written documents and interviews with representative samples of significant stakeholders. The site visit team will gather all relevant information related to all the Common Standards and the standards applicable to the program areas under review. ~~During~~ ~~Within~~ the site visit, each program in operation participates fully in the interview schedule. The Committee on Accreditation may add any additional members to the team with expertise in the program areas(s) to be reviewed at the site visit. Data collection procedures are set forth in the *Accreditation Handbook*.

2. **Procedural Safeguards.** The accreditation site visit team provides ample opportunities during the site review for representatives of the institution (a) to be informed about areas where the standards appear not to be fully satisfied, and (b) to supply additional information pertaining to those standards. These opportunities include, at a minimum, a meeting at approximately mid-visit between representatives of the team

and the institution's credential programs, after which additional written information or interviews are utilized by the team in reaching its conclusions.

3. **Specialized Credential Program Team.** It is possible that the site visit team may uncover a program concern or issue not previously identified by the program reviewers. When this occurs, the team may recommend a follow up focused program review of the concerns or issues that have arisen if the accreditation site visit team determines that the team lacks expertise to make sound decisions for a particular program. In such a situation, the team leader may call for a focused site visit to resolve the uncertainty before the accreditation team's final report and recommendation is submitted to the Committee on Accreditation. In this event, there would be no accreditation recommendation until after the focused review has been completed.
4. **Exit Interview and Report.** The accreditation site visit team conducts an exit interview with representatives of the institution, at which time the team presents its draft report for the Committee on Accreditation. Such a report will include the findings on all Common Standards, all program standards for those programs designated for review, and accreditation recommendation. As noted in the previous section, it is possible that the site visit team may uncover a program concern or issue not previously identified by the program reviewers. When this occurs, the team may recommend a follow up focused program review of the concerns or issues that have arisen. In this event there would be no accreditation recommendation until after the focused review has been completed. If further review is needed of program experts not currently on the site review team, the accreditation status recommendation is not reported during the exit interview. The Committee on Accreditation will review the team report prior to making an accreditation decision.

Accreditation Reports, Recommendations and Decisions

- a. **Accreditation Team Reports.** Accreditation site visit team makes its report and recommendations to the Committee on Accreditation. Accreditation site visit team reports indicate whether each applicable standard is met, include summary findings and a recommendation to the Committee, and may include professional recommendations for consideration by the institution.
- b. **Accreditation Team Recommendations.** An accreditation site visit team recommends *Accreditation*, or *Accreditation with Stipulations*, or *Denial of Accreditation*. The team makes its recommendation based on the overall quality of the education unit and the credential programs at the institution. The team does not recommend separate accreditation decisions for each program. The team may recommend Accreditation but recommend required follow-up for the institution and/or one or more of its programs. Alternatively, a team may recommend Accreditation with Stipulations, which may (if adopted by the Committee on Accreditation) require the institution to fulfill all standards within one year. The Committee on Accreditation may require additional progress reports from the institution beyond one year even if the stipulations have been removed. The Committee on Accreditation has discretion to allow an institution additional time to address issues. Stipulations may (if adopted) require the discontinuation of severely deficient programs at the institution.
- c. **Accreditation Decisions.** After reviewing the recommendation of an accreditation team and an appropriate response from the institution (see below), the Committee on Accreditation makes a decision about the accreditation of educator preparation at the institution. The Committee makes one of three decisions pertaining to each institution: *Accreditation*, *Accreditation with Stipulations*, or *Denial of Accreditation*. The Committee's Annual Accreditation Reports summarize these decisions.

- d. **Required Follow-up.** The Committee on Accreditation may grant full accreditation to an institution, but require follow-up by one or more programs or the institution as a unit. The required follow-up will be documented in reports submitted to the Committee on Accreditation.
- e. **Accreditation with Stipulations.** The Committee on Accreditation allows an institution one year to fulfill all standards or to discontinue deficient program(s). COA may require additional progress reports beyond one year even if stipulations have been removed. The Committee also determines how the institution's response to adopted stipulations is to be reviewed. The Committee may require a second visit for this purpose. Failure to satisfy all stipulations may result in the denial of accreditation to the entire institution. The Committee on Accreditation has discretion to allow an institution additional time to address issues. An additional period to remedy severe deficiencies may be granted by the Committee on Accreditation if the Committee determines that (a) substantial progress has been made and/or (b) special circumstances described by the institution justify a delay.

Appeals

- a. **Appeals to Committee on Accreditation.** Within thirty days after an accreditation visit, the institution may submit evidence to the Committee on Accreditation that the team demonstrated bias or acted arbitrarily or capriciously or contrary to the policies of this *Framework* or the procedural guidelines of the Committee on Accreditation. (Information related to the quality of a program or the education unit that was not previously provided to the accreditation team may not be considered by the Committee on Accreditation.) The Committee on Accreditation may use this evidence to make a different decision than was recommended by the team. If the Committee on Accreditation makes such a decision, the leader of the team may file a dissent with the Commission. If the Committee on Accreditation decides that an incorrect judgment was made by a team and that the result

leaves some doubt about the most appropriate decision to be made, the Committee on Accreditation may assign a new team to visit the institution and provide a recommendation on its accreditation.

- b. **Appeals to the Commission.** Pursuant to Education Code Section 44374-e, an institution has the right to appeal to the Commission a decision by the Committee on Accreditation to deny accreditation or accredit with stipulations. Such an appeal must be based on evidence that accreditation procedures by the team or decisions by the Committee on Accreditation were arbitrary, capricious, unfair, or contrary to the policies in this *Framework* or the procedural guidelines of the Committee on Accreditation. Information related to the quality of a program or the education unit that was not previously provided to the accreditation team may not be considered by the Commission. The Commission resolves each appeal pursuant to Education Code Section 44372-f.

Complaints about Credential Program Quality.

When one or more complaints about a credential program indicate that the program may not be meeting Commission adopted standards, the Executive Director of the Commission may investigate the basis for the concerns, provide technical assistance to the institution, or refer the concerns to the Committee on Accreditation for consideration of possible action.

Section 6

Accreditation Reviewers

This section governs both initial and continuing accreditation reviewers.

A. Board of Institutional Reviewers

To conduct reviews for the initial and continuing accreditation of institutions/program sponsors, the Executive Director of the Commission maintains a pool of trained reviewers consisting of California college and university faculty members and administrators, elementary and secondary school teachers and other certificated professionals, Induction program directors and local school board members, pursuant to Education Code Section 44374(b). These reviewers may review program documents and/or participate in site reviews. Individuals may serve in one of those capacities or both. The pool consists of ~~approximately 400 persons~~ individuals who are geographically and culturally diverse, and who represent gender equity. The Committee on Accreditation establishes criteria for membership in the pool. The Executive Director adds new members to the pool when necessary.

New Reviewers. An accreditation team consists primarily of experienced reviewers. A team need not include an inexperienced member, but new reviewers are appointed to review activities after their training, when appropriate.

Conflict of Interest. Care is exercised to avoid conflicts of interest involving accreditation team members and the institution/sponsor being reviewed, such as current, or past enrollment; programmatic collaboration; past, prospective or present employment; or spousal connections.

B. Team Structure, Size and Expertise.

1. **Initial Program Approval:** New programs may be reviewed by Commission staff members who have expertise in the credential area. If the Commission staff does not

possess the necessary expertise, the program proposals may be reviewed by external experts selected by the Executive Director. New programs are reviewed by one to two reviewers.

- 2. Continuing Program Review (Program Document Reviewers):** For each program being considered for continuing accreditation, the Executive Director appoints program document reviewers. Reviewers are responsible for reviewing a credential program from the program sponsor. The document reviewers will prepare a report to the Committee on Accreditation containing preliminary findings on all standards and a recommendation regarding the site visit. Reviewers with appropriate experience and qualifications are responsible for professional judgments about credential programs. Reviewers assigned to a program should have sufficient expertise to make sound judgments about the program. Each document should have at least two reviewers and a team lead should be designated to serve as a contact for the Commission and to ensure appropriate communication to the site visit review team.

- 3. Continuing Institutional Accreditation (Site visit reviewers):** For an institution/sponsor being considered for continuing accreditation, the Executive Director appoints a site accreditation team and designates a team leader. The accreditation team members have responsibility for reviewing the Common Standards and either confirming or altering the findings from the program reviews. The size of the site review team ranges from three to seven members, depending on the enrollment, complexity of programs, and satellite locations. One to two members will have primary responsibility for the program findings. ~~Additional members of the site accreditation team may be added by the Committee on Accreditation as a result of the program review of the sponsor's programs.~~ Where issues have been identified for further review by the program document reviewers about particular credential programs, and agreed to by the Committee on Accreditation, additional members of the site visit team will be added for this purpose.

- 4. Team Expertise.** *The range of credential programs at an institution/sponsor must be reflected in the expertise of the reviewers, but there need not be a one-to-one correspondence between credential programs and reviewer specializations. Student enrollments in programs, the complexity of programs, and/or the numbers of specialized programs offered by an institution will all be considered when both program reviewers and site teams are created. The nature of the preliminary findings will also be considered in establishing the site team. ~~At least one member of each institution's site team has a depth of expertise in the multicultural, diversity and language acquisition needs of California classrooms.~~ Site visit review teams should have a depth of understanding about multicultural, diversity, and language acquisition needs of California classrooms.*

Responsibilities

COA Members	CTC Staff	Program Document Reviewers	Site Visit Review Team Members
Responsible for implementation of the accreditation system, making accreditation decisions, and follow-up after an accreditation site visit.	Responsible for implementation of review of biennial reports, program review, providing technical assistance to the program sponsor prior to the site visit, and facilitating the site visit.	Responsible for the review of the program document(s) two years prior to the scheduled site visit, working with the institution to review additional information submitted, and for providing the COA with preliminary findings on all program standards.	Responsible for participation as a member of the site visit team, making decisions about standards—both Common and Program—and a recommendation to the COA for the institution's accreditation

B. Organization of Continuing Accreditation Activities

- 1. Coordination and Communication between the Program Document Reviewers and the Site Review Teams.** Clear and timely communication from the program reviewers to the Committee on Accreditation and from the Committee on Accreditation to the sponsor and site team is essential. To support a comprehensive and complete review of the program sponsor and all its programs, when possible, members of the site accreditation team may have previously served as program document reviewers for the institution.
- 2. Team Leader.** The Executive Director appoints an experienced reviewer as the leader of a sponsor's site team for continuing accreditation. The leader's roles are to assist the Commission's staff consultant in planning the review, participate in team size and composition decisions, and provide leadership in team training, orientation and support during the accreditation review. The team leader and the Commission's staff consultant are jointly responsible for management of the review.

C. Training, Orientation and Evaluation

Prior to participation in accreditation review activities, program reviewers, team members, and team leaders participate in two kinds of in-depth training and orientation. All training and orientation is evaluated by participants to guide later training and orientation.

- 1. Board of Institutional Reviewers Team Training.** To ensure that accreditation review activities examine issues of quality in educator preparation, perspective BIR members participate in an intensive training program, which focuses on document review, data analysis, team skills, interview techniques, accreditation procedures, and the consistent application of standards. In adopting an *Accreditation Handbook*, the Committee on Accreditation will attend to appropriate differentiation in the training of new and returning team members and team leaders and training and calibration for the ~~three~~ different types of review activities: Initial Program Approval, Continuing

Program Review, and Continuing Institutional Accreditation Review. The Board of Institutional Reviewers will have members that are involved in all ~~three~~ types of review activities but not all BIR members must be trained in all ~~three areas~~ types of reviews. All reviewers must be trained in the specific activity or activities that he or she will be participating.

2. Orientation.

Initial Program Approval: As new programs are submitted by eligible institutions or new program standards are adopted, and documents are then submitted by eligible institutions, a Commission staff member will be assigned to the program. The staff member will work to ensure calibration of reader responses to the standards and work with all reviewers to ensure that all programs documents submitted for initial program approval are reviewed in an equitable manner.

Continuing Program Document Review: Updates will be provided to BIR members regarding program review on a regular basis. Program Reviewers may meet regionally to review program documents. At such a meeting, a Commission staff consultant will be present.

Continuing Institutional Accreditation Review: On the day prior to the beginning of an accreditation site visit, team members meet to discuss their observations about the institutional self-study report, the preliminary program standard findings, review their prior training as team members, and thoroughly plan the team activities for the accreditation review under the team leader.

4. **Evaluation of Training and Accreditation Activities.** To ensure that future team trainings and orientations are as effective as possible, all team members will be asked to evaluate training and orientation activities. The Committee on Accreditation will analyze the responses and modify the trainings appropriately.

(Insert section on the Role of Staff)

Section 7

Articulation Between National and State Accreditation

A. Merged California-National Accreditation Reviews of an Education Unit

An institution may apply for a merged visit for state and national accreditation under the Common Standards and the applicable Program Standards. In a merged visit, a single accreditation team serves the state and national accrediting bodies. The following policies apply:

1. The team has two co-leaders, one appointed according to state accreditation procedures and one appointed by the national accrediting body.
2. The team members reviewing the Common Standards includes members appointed by the national body and at least one California member selected according to state accreditation procedures. The Program Review will have been completed prior to the site visit and the preliminary findings on all standards will be available to the accreditation team.
3. The national accrediting entity agrees to use the Common Standards that have been adopted by the Commission.
4. The accreditation process of the national entity includes on-site reviews.
5. Accreditation teams represent ethnic and gender diversity, and include elementary and secondary school practitioners and postsecondary education members; a minimum of one voting member of each team is from California.
6. For continuing national and state accreditation in California, the national entity agrees to appoint a team that is equivalent in size and structure to an initial accreditation review team.

7. The period of accreditation is consistent with a seven-year cycle, or is compatible with the accreditation cycle established by the state.

B. Independent National Accreditation of an Education Unit

Upon the request of an institution, the accreditation of an education unit (school, college or department of education) by a national accrediting body shall substitute for state accreditation under the Common Standards provided that the Committee on Accreditation certifies to the Commission that the national accrediting entity fulfills the following conditions (Ed code 44374 (f)):

1. The national accrediting entity agrees to use the Common Standards that have been adopted by the Commission.
2. The accreditation process of the national entity includes on-site reviews.
3. Accreditation teams represent ethnic and gender diversity, and include elementary and secondary school practitioners and postsecondary education members; a minimum of one voting member of each team is from California.
4. For continuing national and state accreditation in California, the national entity agrees to appoint a team that is equivalent in size and structure to an initial accreditation review team.
5. The period of accreditation is consistent with a seven-year cycle, or is compatible with the accreditation cycle established by the state.

C. National Accreditation of a Credential Program

Upon the request of an institution, the accreditation of a credential program by a national accrediting entity will substitute for state review of the program provided that the Committee on Accreditation certifies to the Commission that the national accreditation entity satisfies the following conditions.

1. The accrediting entity agrees to use the adopted California Program Standards for the specific credential under Option 1, or the standards used by the national entity are determined by the Committee to be equivalent to those adopted by the Commission under Option 1.
2. The accreditation team represents ethnic and gender diversity.
3. The accreditation team includes both postsecondary members and elementary and secondary school practitioners; a minimum of one voting member is from California.
4. The period of accreditation is consistent with a seven-year cycle, or is compatible with the accreditation cycle established by the state.

Section 8

Evaluation and Modification of the Framework

This section governs the evaluation and modification of the *Accreditation Framework*.

A. Evaluation of the Accreditation Framework

1. **Evaluation of Accreditation System.** The Commission and the Committee on Accreditation are jointly responsible, in consultation with the educational institutions and organizations, for establishing, maintaining, and continually refining a system of on-going evaluation of the accreditation system for educator preparation.
2. **Evaluation Report and Recommendations.** The Commission and the Committee on Accreditation shall implement a process of continual evaluation and improvement to its accreditation system.

B. Modification of the Accreditation Framework

1. **General Provisions Regarding Modifications.** The Commission will consult with the Committee on Accreditation and educational institutions, **program sponsors**, and organizations regarding any proposed modifications of the Framework. Modifications will occur in public meetings of the Commission, after the Commission has considered relevant information provided by the Committee on Accreditation, postsecondary institutions, accreditation team members, the Commission's professional staff, and other concerned individuals. The Commission will determine the date when a policy modification is effective.
2. **Refinements and Clarifications of the Framework.** The Commission may modify the *Accreditation Framework* to refine or clarify its contents, as needed.

The Commission retains the authority to reconsider and modify the Program Standards for Options 1, 2 or 3 as the need arises.

3. **Significant Modifications of the Framework.** The Commission will maintain without significant modifications the Framework's major features and options, unless there is compelling evidence that a significant modification is warranted. The determination of compelling evidence and the warranted significant modification will be made by the Commission with the concurrence of the Committee on Accreditation and the Chancellor of the California State University, the President of the University of California, and the President of the Association of Independent California Colleges and Universities. *(seek assistance from legal counsel in drafting/revising this section).*

Appendix A

California Education Code

Appendix B

Common Standards